

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212511557		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE NATIONAL WILD TURKEY FEDERATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC</b>  <b>4701 COX ROAD</b>  <b>SUITE 301</b>   <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>3/31/2012</b></p> <p>SCC ID NO: <b>01446467</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 770 AUGUSTA RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: EDGEFIELD, SC 29824</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JIM HINKLE            TITLE: CHAIRMAN            ADDRESS: 121 E MAIN ST            CITY/ST/ZIP/CO: MOUNTAIN VIEW, AR 72560         </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: JIM HINKLE TITLE: CHAIRMAN ADDRESS: 121 E MAIN ST CITY/ST/ZIP/CO: MOUNTAIN VIEW, AR 72560	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JIM HINKLE TITLE: CHAIRMAN ADDRESS: 121 E MAIN ST CITY/ST/ZIP/CO: MOUNTAIN VIEW, AR 72560	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: SAM MARS, III            TITLE: PRESIDENT            ADDRESS: PO BOX 140            CITY/ST/ZIP/CO: HARROGATE, TN 37752         </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: SAM MARS, III TITLE: PRESIDENT ADDRESS: PO BOX 140 CITY/ST/ZIP/CO: HARROGATE, TN 37752	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SAM MARS, III TITLE: PRESIDENT ADDRESS: PO BOX 140 CITY/ST/ZIP/CO: HARROGATE, TN 37752	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: VINCENT ROSDAHL            TITLE: TREASURER            ADDRESS: 1668 SAINT DAVID DR            CITY/ST/ZIP/CO: DANSVILLE, CA 94526         </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: VINCENT ROSDAHL TITLE: TREASURER ADDRESS: 1668 SAINT DAVID DR CITY/ST/ZIP/CO: DANSVILLE, CA 94526	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VINCENT ROSDAHL TITLE: TREASURER ADDRESS: 1668 SAINT DAVID DR CITY/ST/ZIP/CO: DANSVILLE, CA 94526	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: PEGGY ANNE VALLERY            TITLE: DIRECTOR            ADDRESS: 7940 M TUSCANY DR            CITY/ST/ZIP/CO: TUCSON, AZ 85742         </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: PEGGY ANNE VALLERY TITLE: DIRECTOR ADDRESS: 7940 M TUSCANY DR CITY/ST/ZIP/CO: TUCSON, AZ 85742	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PEGGY ANNE VALLERY TITLE: DIRECTOR ADDRESS: 7940 M TUSCANY DR CITY/ST/ZIP/CO: TUCSON, AZ 85742	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JAMES SPARKS            TITLE: CFO            ADDRESS: 770 AUGUSTA ROAD            CITY/ST/ZIP/CO: EDGEFIELD, SC 29824         </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: JAMES SPARKS TITLE: CFO ADDRESS: 770 AUGUSTA ROAD CITY/ST/ZIP/CO: EDGEFIELD, SC 29824	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES SPARKS TITLE: CFO ADDRESS: 770 AUGUSTA ROAD CITY/ST/ZIP/CO: EDGEFIELD, SC 29824	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: MR GEORGE THORNTON            TITLE: CEO            ADDRESS: 770 AUGUSTA ROAD            CITY/ST/ZIP/CO: EDGEFIELD, SC 29824         </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: MR GEORGE THORNTON TITLE: CEO ADDRESS: 770 AUGUSTA ROAD CITY/ST/ZIP/CO: EDGEFIELD, SC 29824	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MR GEORGE THORNTON TITLE: CEO ADDRESS: 770 AUGUSTA ROAD CITY/ST/ZIP/CO: EDGEFIELD, SC 29824	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			

NAME:	FRANK COBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2828 S MACARTHUR BLVD		
CITY/ST/ZIP/CO:	SPRINGFIELD, IL 62704		
NAME:	ROBERT DETTMER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 307		
CITY/ST/ZIP/CO:	IRONTON, MO 63650		
NAME:	MIKE EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 838		
CITY/ST/ZIP/CO:	ATOKA, OK 74525		
NAME:	EARL FRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1536 PRIVATE RD #3952		
CITY/ST/ZIP/CO:	WILLOW WOOD, OH 45696		
NAME:	MARVIN HARTLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2701 BISHOP ESTATES RD		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32259		
NAME:	ROBERT HIGGINBOTHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	135 MCCULLOUGH RD		
CITY/ST/ZIP/CO:	LOUISVILLE, MS 39339		
NAME:	WILLIAM E C MARVIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2102 TRESCOTT DR		
CITY/ST/ZIP/CO:	TALLAHASSEE, FL 32312		
NAME:	JERRY D PEAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1003 BROAD ST		
CITY/ST/ZIP/CO:	SELMA, AL 36701		
NAME:	VERN ROSS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	204 N 32ND ST		
CITY/ST/ZIP/CO:	CAMP HILL, PA 17011		
NAME:	PARKS SHACKELFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3001 N MONROE ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	HARLAN STARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2685 COUNTY RD 92		
CITY/ST/ZIP/CO:	CEDAR BLUFF, AL 35959		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A LOUIS YOUNT DIRECTOR 409 W RICHARDSON CIR HARTSVILLE, SC 29550	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL BUCKNER DIRECTOR 2510 SAM NOBLE PKWY ARDMORE, OK 73401	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT HILL DIRECTOR 262 BURNT MEADOW RD RINGWOOD, NJ 07456	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JAMES SPARKS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES SPARKS, CFO PRINTED NAME AND CORPORATE TITLE	3/30/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		